

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4845
Fax (605)773-4550

ANNUAL REPORT

FOREIGN

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$30 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE _____
RECEIPT NO. _____

1. Corporate Name and Mailing Address, including Zip + 4:

Telephone # _____
FAX # _____
Federal Taxpayer ID # _____
FILING DATE: Due during the month the
Certificate of Authority was issued, and
delinquent after the last day of the following
month.

* * * * ATTENTION - FILING INSTRUCTIONS * * * *

If ALL of the information is identical as set forth in the prior report, you may **check** the **box** below and **sign** the report in the presence of a notary public.
Any change requires full completion of the form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. It is incorporated under the laws of _____ and the address of its principal office or registered office in the state
of incorporation is _____ Zip + 4 _____

3. The address of its registered office in South Dakota is _____
_____ Zip + 4 _____
and the name of its registered agent at such address is _____

4. The character of the business in which it is actually engaged in South Dakota _____

5. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
_____	Director	_____	_____	_____	_____
_____	Director	_____	_____	_____	_____
_____	President	_____	_____	_____	_____
_____	Vice President	_____	_____	_____	_____
_____	Secretary	_____	_____	_____	_____
_____	Treasurer	_____	_____	_____	_____

6. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and
series, if any, within a class:

NUMBER OF SHARES <u>CAN</u> ISSUE	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
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7. NUMBER OF SHARES <u>ISSUED</u>	CLASS	SERIES
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8. The amount of its stated capital is \$ _____.

The report must be signed by the chairman of the board of directors, or its president, or any other officer in the presence of a notary public.

Dated _____.

STATE OF _____

COUNTY OF _____

On this the _____ day of _____, 20____, before me, _____,
personally appeared _____, known to me, or proved to me,
to be the _____ of the corporation that is described in and that executed the within
instrument and acknowledged to me that such corporation executed the same.

(Signature)

(Title)

My Commission Expires
(Notarial Seal)

(Notary Public)

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